CALUMET HOMESTEAD REHABILITATION CENTER

1712 MONROE STREET

NEW HOLSTEIN 55061 Phone: (920) 898-4296 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 101 Yes Number of Residents on 12/31/02: Average Daily Census: 91

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care	No	 Primary Diagnosis	% Age Groups		9	Less Than 1 Year	34.8
Supp. Home Care-Personal Care	No					1 - 4 Years	38.2
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	4.5	More Than 4 Years	27.0
Day Services	No	Mental Illness (Org./Psy)	41.6	65 - 74	3.4	1	
Respite Care	Yes	Mental Illness (Other)	3.4	75 - 84	27.0	1	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	55.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.2	95 & Over	10.1	Full-Time Equivalent	5
Congregate Meals	No	Cancer	4.5			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	1.1		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	10.1	65 & Over	95.5		
Transportation	No	Cerebrovascular	16.9			RNs	9.0
Referral Service	No	Diabetes	1.1	Sex	용	LPNs	5.7
Other Services	Yes	Respiratory	1.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	16.9	Male	20.2	Aides, & Orderlies	44.2
Mentally Ill	No			Female	79.8	I	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	305	55	96.5	110	2	100.0	122	25	100.0	132	0	0.0	0	0	0.0	0	87	97.8
Intermediate				2	3.5	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		57	100.0		2	100.0		25	100.0		0	0.0		0	0.0		89	100.0

CALUMET HOMESTEAD REHABILITATION CENTER

* * * * * * * * * * * * * * * * * * * *	*****	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****
Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, ar	nd Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	15.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	7.0	Bathing	0.0		42.7	57.3	89
Other Nursing Homes	5.0	Dressing	14.6		32.6	52.8	89
Acute Care Hospitals	67.0	Transferring	30.3		29.2	40.4	89
Psych. HospMR/DD Facilities	0.0	Toilet Use	30.3		29.2	40.4	89
Rehabilitation Hospitals	0.0		40.4			18.0	89
Other Locations	6.0	* * * * * * * * * * * * * * * * * * *	******	*****	*****	******	*****
Total Number of Admissions	100	Continence		%	Special Treatmer	nts	90
Percent Discharges To:		Indwelling Or Extern	nal Catheter	1.1	Receiving Resp	piratory Care	4.5
Private Home/No Home Health			nt of Bladder	42.7	Receiving Trad	cheostomy Care	0.0
Private Home/With Home Health	22.1	Occ/Freq. Incontine	nt of Bowel	29.2	Receiving Suct	cioning -	1.1
Other Nursing Homes	2.9	_			Receiving Osto	omy Care	2.2
Acute Care Hospitals	10.6	Mobility			Receiving Tube	e Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	nanically Altered Diet	s 34.8
Rehabilitation Hospitals	0.0	1			_	-	
Other Locations	6.7	Skin Care			Other Resident (Characteristics	
Deaths	44.2	With Pressure Sores		7.9	Have Advance I	Directives	80.9
Total Number of Discharges		With Rashes		1.1	Medications		
(Including Deaths)	104				Receiving Psyc	choactive Drugs	47.2
		•			3 1	3	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

****************	******	*****	*****	*****	*****	*****	****	*****	******
		Own	ership:		Size:		ensure:		
	This	Gov	ernment	100	-199	Ski	lled	Al	1
	Facility	Facility Peer		Peer	Group	Peer	Group	Faci	lities
	96	90	Ratio	olo	Ratio	90	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.1	83.8	1.08	85.7	1.05	85.3	1.06	85.1	1.06
Current Residents from In-County	57.3	84.4	0.68	81.9	0.70	81.5	0.70	76.6	0.75
Admissions from In-County, Still Residing	13.0	35.0	0.37	20.1	0.65	20.4	0.64	20.3	0.64
Admissions/Average Daily Census	109.9	74.2	1.48	162.5	0.68	146.1	0.75	133.4	0.82
Discharges/Average Daily Census	114.3	75.8	1.51	161.6	0.71	147.5	0.77	135.3	0.84
Discharges To Private Residence/Average Daily Cens	sus 40.7	24.2	1.68	70.3	0.58	63.3	0.64	56.6	0.72
Residents Receiving Skilled Care	97.8	86.6	1.13	93.4	1.05	92.4	1.06	86.3	1.13
Residents Aged 65 and Older	95.5	83.9	1.14	91.9	1.04	92.0	1.04	87.7	1.09
Title 19 (Medicaid) Funded Residents	64.0	76.6	0.84	63.8	1.00	63.6	1.01	67.5	0.95
Private Pay Funded Residents	28.1	17.1	1.65	22.1	1.27	24.0	1.17	21.0	1.34
Developmentally Disabled Residents	1.1	3.2	0.35	0.9	1.22	1.2	0.95	7.1	0.16
Mentally Ill Residents	44.9	56.1	0.80	37.0	1.21	36.2	1.24	33.3	1.35
General Medical Service Residents	16.9	14.6	1.16	21.0	0.80	22.5	0.75	20.5	0.82
Impaired ADL (Mean)	59.6	49.6	1.20	49.2	1.21	49.3	1.21	49.3	1.21
Psychological Problems	47.2	61.4	0.77	53.2	0.89	54.7	0.86	54.0	0.87
Nursing Care Required (Mean)	6.5	6.4	1.01	6.9	0.93	6.7	0.96	7.2	0.90